SERIAL NO.

APPLICANT(S.,

AS FILED

AFTER

1"AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

## MULTIPLE DEPENDENT CLAIM FEE CALCY ATION SHEET (FOR USE\, H FORM PTO-875)

						-	_	
		ASI	FILED	AF	TER	ĀF	CLAIMS	
				, THEMMENDALENT		<sup>1 M</sup> AMENDMENT		
		MIND.	DEP.	IND.	DEP.	IND.	DEP.	
2								
3								
5								-
6								
- <del>7</del> 8	-							<u></u>
9	_							-
10			1					
11 12								<u> </u>
13								<u> </u>
14	1							
15 16	4	<del>\</del>	1/1					<u> </u>
17		7	<del>//</del>					
18	- -	1.71	11					
20		A	H- <i>-</i>					
21	-	A					_	
22 23	+	<del>//</del>	1					
24	1				<u> </u>			7
25 26	+							7
27 ·			<b>├</b> ─ <b>┟</b> ─					7
28 29	-	19/				-		7
30	1-		-					7
31	1							_ 8(
32 33	┼							81 82
34								83
35 36	-						-	. 84
37	<del> </del>							85 86
38								87
39. 40	<b> -</b>							88 89
41.								90
42								90 91 92
43		<del> </del>					-	92
45							_	93 94 95
46					-	<del>`</del>		95
48							1	96 97
49							$\exists$	98
50	~					<del></del>	-	99
OTAL IND.	3	_  1		1				100
OTAL DRP	10	-4			-	<b>┛</b> ,▼		TOTAL IN
TOTAL CLAIMS	9	國		BEE		120		TOTAL DE

		7		ATT				
		AS F	ILED	AF 1"AME	TER	AFTER		
L		IND.	IND. DEP.		I"AMENDMENT.  IND. DEP.		2 MAMENDMENT	
	51 52			ייייי.	DEP.	IND.	DEP.	
- }	<u>52</u> 53	-						
<b> </b>	<u>53</u> 54	-						
	55					-		•
]_	56							
-	57 58							
r	<del>5</del> 9							
	60							
-	61					·		S
-	62 63		-				I	-1
	64							
	65							
-	66 67						I-	
	68						15	
	69							ב
-	70 71	·					in	Π
	72		<u></u>					)
	73							BEST AVAILABLE CORV
-	74. 75							3
	16						-13	•
7	7			-			}	
	9				<del></del>			
8			·					
8	1							
8.								
8								
8:	5							
80	5							
-87 -88								
89								
90								
91 92	- -							
93							-	
94								
95								
96 97								
98	-							
99	_				_			
100					-		_	
TOTALI	ID.	1	-	1	1		4	
TOTAL D	93	4		4		<b>▼</b>	300	
				-	30			